

# APPLICATION FOR JUVENILE COURT PETITION TO SEAL RECORDS

Application is hereby made to the Probation Officer for a petition to the Superior Court of the State of California for the County of San Luis Obispo sitting as a Juvenile Court, asking the Court to order all records, papers, and exhibits sealed pursuant to Section 781 of the Welfare and Institution Code. In support of this application, applicant alleges as follows:

That I am now 18 years of age or older; or I have not reached the age of 18 years but it has been five or more years since jurisdiction of the Juvenile court was terminated; or in a case in which no petition was filed, it has been five or more years since I was taken before a probation officer or any officer of a law enforcement agency;

That I was never found by the juvenile court to have committed an offense listed in subdivision (b) of Section 707 of the Welfare and Institutions Code when I was 14 years of age or older;

That I have not been convicted of a felony or of any misdemeanor involving moral turpitude, and no charges are pending against me in any court;

That I have been rehabilitated; and

That the following agencies have juvenile records relating to my case which I desire to have sealed.

Please **PRINT** the following information.

## ♦ IMPORTANT NOTICE ♦

*UNLESS OTHERWISE INDICATED ON YOUR APPLICATION, ONLY THE RECORDS FROM THIS COUNTY WILL BE INCLUDED ON YOUR PETITION TO SEAL JUVENILE RECORDS. YOU MAY REQUEST THE SEALING OF JUVENILE RECORDS OUTSIDE THIS AGENCY/COUNTY, BUT YOU MUST INDICATE EACH SUCH AGENCY/COUNTY.*

### AGENCY

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### AGENCY FILE/CASE NUMBER

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Name of Applicant

\_\_\_\_\_  
Age

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
School Attended

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Father's Address

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Mother's Address

\_\_\_\_\_  
Guardian's Name

\_\_\_\_\_  
Guardian's Address

### AFFIDAVIT OF VERIFICATION

State of California, County of San Luis Obispo, I, the undersigned affirm that:

I am the affiant in the above-entitled application. I have read the foregoing application and know the contents thereof, and the same is true to my knowledge.

I declare under penalty of perjury that there is no civil litigation pending relating to the criminal act that caused the above records to be created.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Affiant's Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

SUBMIT APPLICATION ALONG WITH \$130.00 NON - REFUNDABLE FEE (CASH, CHECK OR MONEY ORDER). ANY PAYMENT MADE BY PERSONAL CHECK WILL BE HELD FOR 30 DAYS. DO NOT MAIL CASH. MAKE CHECKS OR MONEY ORDERS PAYABLE TO:

THE CHIEF OF PROBATION OFFICER  
SLO COUNTY PROBATION DEPARTMENT  
County Government Center  
(2176 Johnson Avenue)  
San Luis Obispo, Ca. 93408